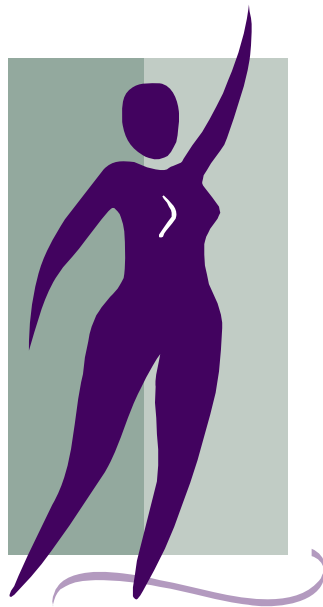


**REQUEST FOR APPLICATIONS
(RFA 06-55013)**

**CANCER DETECTION SECTION
CANCER DETECTION PROGRAMS: EVERY WOMAN COUNTS
LOCAL PUBLIC AND PROVIDER SERVICE DELIVERY**

September 20, 2006



*Cancer Detection Programs:
Every Woman Counts*

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Cancer Detection Section
MS-7203
P.O. Box 997413
Sacramento, CA 95899-7413

Cancer Detection Programs: Every Woman Counts

Request for Applications (RFA)

RFA 06-55013

RFA TIMELINE

This RFA Timeline is subject to change. CDS reserves the right to adjust any date as necessary. Any such date adjustment will be posted on the CDS website at www.dhs.ca.gov/cancerdetection/rfarfp. It is the responsibility of the Applicant to check the website frequently.

Event	Date	Time (If applicable)
RFA Released	September 20, 2006	
Deadline to Submit Questions to CDS	September 27, 2006	4:00 p.m.
Publishing of RFA "Questions and Answers" document on CDS website: http://www.dhs.ca.gov/cancerdetection/rfarfp	October 10, 2006	
Mandatory Letter of Intent Due	October 12, 2006	4:00 p.m.
Applications Due	November 15, 2006	4:00 p.m.
Award Notices Posted/Issued	December 8, 2006	
Appeals Due	December 15, 2006	4:00 p.m.
Decisions on Appeals (if necessary)	January 5, 2007	
Proposed Agreement Start Date	March 1, 2007	

Cancer Detection Programs: Every Woman Counts

RFA 06-55013

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Attachment 2	Application Checklist http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment2.doc
Attachment 3	Application Cover Page http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment3.doc
Attachment 4	Business Information Sheet http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment4.doc
Attachment 5	CCC 1005 – Certification http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment5.doc
Attachment 6	Payee Data Record http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment6.doc
Attachment 7	RFA Clause Certification http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment7.doc
Attachment 8	Conflict of Interest Compliance Certificate http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment8.doc
Attachment 9	Needs Assessment Matrix http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment9.doc
Attachment 10	Letter of Reference http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/attachment10.doc

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Appendix I	Operational Requirements – Quality Clinical Services http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixi.pdf
Appendix II	Operational Requirements – Tailored Education http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixii.pdf
Appendix III	Core Competencies Requirements – Project Coordinator http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixiii.pdf
Appendix IV	Core Competencies Requirements – Clinical Coordinator Supervisor http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixiv.pdf
Appendix V	Core Competencies Requirements – Clinical Coordinator http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixv.pdf
Appendix VI	Core Competencies Requirements – Health Educator http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixvi.pdf
Appendix VII	Approved Salary Ranges http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixvii.pdf
Appendix VIII	Sample Certificate of Status – Domestic Corporation (501(c)(3) Form) http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixviii.pdf
Appendix IX	Sample Department of Treasury Letter (IRS) http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixix.pdf
Appendix X	Geographic Distribution of <i>CDP: EWC</i> Primary Care Providers http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixx.pdf
Appendix XI	Eligible <i>CDP: EWC</i> Women Breakdown by County/Ethnicity http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixxi.pdf
Appendix XII	Sample 8-Line Item Budget http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixxii.pdf
Appendix XIII	Sample Additional Detail Budget http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixxiii.pdf
Appendix XIV	Sample Budget Justification http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/appendixxiv.pdf

LIST OF SAMPLE CONTRACT EXHIBITS

Exhibit #	Exhibit Name
Exhibit A1	Standard Agreement http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibita1.pdf
Exhibit A	Scope of Work http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibita.pdf
Exhibit B	Budget Detail and Payment Provisions http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitb.pdf
Exhibit C	General Terms and Conditions http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitc.pdf
Exhibit D(F)	Special Terms and Conditions http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitd.pdf
Exhibit E	Additional Provisions http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibite.pdf
Exhibit F	Contractor's Release http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitf.pdf
Exhibit G	Travel Reimbursement Information http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitg.pdf
Exhibit H	HIPAA Business Associate Addendum http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibith.pdf
Exhibit I	Invoice Cover Letter Template http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibiti.pdf
Exhibit J	8-Line Item Invoice Template http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitj.pdf
Exhibit K	Additional Budget Detail Invoice Template http://www.dhs.ca.gov/cancerdetection/rfarfp/rfa06-55013/documents/exhibitk.pdf

I. INTRODUCTION

A. MISSION

The mission of the Cancer Detection Section (CDS) is to prevent and reduce the devastating effects of breast and cervical cancer for all Californians through early detection, diagnosis, and entry into treatment services, with special emphasis on reaching medically underserved women.

B. GOALS

The goals of CDS are to:

- Reduce disparities in the cancer burden.
- Ensure that all Californians have access to high quality cancer education, early detection, diagnosis and treatment.
- Influence healthcare systems to provide quality services.
- Be a leader in cancer detection and control.

C. PURPOSE

The California Department of Health Services (CDHS), CDS, is soliciting applications to fund one contract for approximately \$10,404,000 to implement local public and provider support services for the **Cancer Detection Programs: Every Woman Counts (CDP: EWC)**. The successful applicant will be responsible for the statewide coordination of tailored breast and cervical cancer public health education to priority populations and the maintenance of a diverse primary care provider network. Services are expected to be delivered in all 58 counties in California. The contract will be established for the period of March 1, 2007 through June 30, 2010.

The successful applicant will demonstrate the ability to effectively promote CDS public health screening and re-screening messages and to carry out CDS policies and procedures established to maintain standards for quality breast and cervical cancer screening and diagnostic services provided by enrolled primary care providers (PCPs).

The program specifically targets California's medically underserved women. Women in California are eligible for breast and cervical screening services through the program if their income is at or below 200 percent of the federal poverty level, if they have no other insurance coverage or a high deductible or co-payment, and are age 40 and older for breast cancer screening services and age 25 and older for cervical cancer screening services. Applicants are expected to focus their outreach and education strategies on re-screening messages to women 50 and over within each of the priority populations described later in this RFA. These are the women who receive disproportionately high numbers of late breast and cervical cancer diagnoses and who have the most difficulty in finding access to medical services.

At the start of this award period, CDS' focus will be on both new and re-screening services for breast and cervical cancer. At any given time, CDS reserves the right to direct or redirect screening funds to best serve CDS and the women of California. This includes CDS policy changes which may require contract amendments. As data retrieval has become more important in the program, changes may include more active involvement by the contractor in securing data. If additional funding becomes available

during the contract term, Contractors may be required to expand services to include other cancer or chronic disease services and/or recruit additional PCPs.

D. BACKGROUND INFORMATION

Since 1991, CDS has been funded by the Centers for Disease Control and Prevention (CDC) to provide no-cost breast and cervical cancer early detection and support services for low income, uninsured and under-insured women in California. These services are provided free to women who qualify by provision of the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). In 1993, the establishment of the California Breast Cancer Act created an additional funding source for screening and diagnostic services for breast cancer only.

CDS provides for the delivery of breast and cervical cancer screening and diagnostic services through PCPs enrolled in the *CDP: EWC*. Through June of 2003, over 1.4 million California women have received clinical services, 6,805 breast cancers and 1,305 cervical cancers have been diagnosed. Treatment is provided through a separate *Breast and Cervical Cancer Treatment Program* administered through the State's Medi-Cal Program. In the past, CDS has contracted with several local agencies based throughout California to provide public education and provider network support to assist with reaching both eligible women and PCPs. The Applicant awarded the contract as a result of this RFA will be providing these services.

In order to assure high quality services delivered in a culturally supportive environment, CDS implements a comprehensive program through work in several component areas. A description of the critical components relevant to this contract follows.

Continuous Quality Improvement – Continuous Quality Improvement (CQI) is essential to CDS' objective to provide quality clinical services and enhance early detection of cancer in California. CDS identifies areas needing improvement as well as areas of best practice in the program through data collection, evaluation, provider site visits, and technical assistance.

Surveillance and Evaluation – CDS utilizes and analyzes data from surveys to assess breast and cervical cancer screening knowledge and behavior among California women, as well as other relevant behavioral, economic and social factors. In addition, a large (and growing) database, involving more than 950,000 women, five million clinical services, and 900 active PCPs, is used to monitor and evaluate the quality of services, determine policy priorities, provide reports and assess the impact of the program on the underserved women in California.

Public Education – CDS focuses its public education and social marketing efforts on innovative strategies to promote program awareness and reach medically underserved women. Awareness efforts include population and ethnic-specific promotions and the development and dissemination of low-literacy, culturally appropriate educational materials. Additionally, CDS operates the *CDP: EWC* statewide Consumer 800 Number. This service is provided in six languages (English, Spanish, Vietnamese, Korean, Mandarin, and Cantonese) and is a major gateway for women seeking both initial *CDP: EWC* provider referrals and annual re-screenings.

Professional Education - Professional education is a critical component of an effective quality assurance program. CDS has placed an emphasis on assuring that all women served by *CDP: EWC* providers have access to quality care. Findings from focus groups, needs assessment surveys, key informant interviews, chart abstractions and a thorough review of the literature show that providers need continuing education on

breast and cervical cancer screening practices as well as diagnostic and treatment options in order to provide optimal care and referral. CDS has identified and developed curriculum on the following priority topics: effective provider/patient communication, performing comprehensive Clinical Breast Exams (CBEs), breast cancer overview and follow-up of abnormal breast screening results. Also critical to a quality program is the timely and accurate documentation and reporting of screening and follow-up results. Results from ongoing chart abstraction efforts reveal that providers are not satisfactorily documenting and reporting in accordance with CDS program requirements. As a result, CDS has developed and began implementing training relevant to this issue.

Applicants may visit the CDS website for a more detailed description of CDS' programs and services: www.dhs.ca.gov/cancerdetection.

E. PROBLEM STATEMENT

1. Breast Cancer

A major focus of *CDP: EWC* is to diagnose breast cancer early when treatment is most effective. Breast cancer is the most commonly diagnosed cancer in women. For women in California aged 65 and younger, it is the second leading cause of cancer deaths. According to the American Cancer Society's *California Cancer Facts and Figures 2006*, over 22,000 California women will be diagnosed with breast cancer this year alone and over 4,100 will die from the disease. While the breast cancer incidence rate has remained the same in California since 1988, the mortality rate has decreased by 29 percent.¹

The incidence and risk of death varies by ethnicity/race and age. Although White women are more likely to get breast cancer, African American women have the highest death rate. This is especially true for African American women under age 50, who have a death rate twice that of other women in the same age range. For every ethnic group, the death rate starts going up after age 50, and in general continues to rise.²

2. Cervical Cancer

Another major focus of *CDP: EWC* is to prevent cervical cancer from occurring by detecting and treating pre-cancers. According to the American Cancer Society's *California Cancer Facts and Figures 2006*, over 1,500 California women will be diagnosed with cervical cancer this year and 400 will die from the disease. The five year survival rate is 91 percent if cervical cancer is localized (early stages) but drops to 54 percent if in a regional location (later stages). California continues to see a disproportionate number of cervical cancer cases amongst minority populations and recent immigrant women. In 2004, the percentage of women aged 18 and older in California who reported having a Pap test in the three previous years was 94 percent among African Americans, 86 percent among Whites, 84 percent among Latinas, and 78 percent among Asians. Latino and Asian women are at greatest risk of developing cervical cancer, but unfortunately are less likely to receive routine screening than African American and White women.

In 2002-2003, 27,297 women received cervical cancer screening and diagnostic services through *CDP: EWC* using federal funding.

3. Early Cancer Detection Services

Early detection with treatment is the key to controlling breast and cervical cancer. Approximately 68 percent of female breast cancers diagnosed in California in 2002

were found at an early stage. The most significant disparities in breast cancer screening are found between uninsured women and insured women (public or private). Less than a third (30.2 percent) of uninsured California women age 40 and older had a mammogram within the last year, compared to 64 percent of insured women.

The Pap test, one of the most successful of all cancer screening tests, has helped reduce cervical cancer deaths by 74 percent since its introduction in the 1950s. Low-income and uninsured women are the least likely to receive a routine Pap test. Approximately one out of five uninsured, low-income women age 40 and older screened by *CDP: EWC* had never or rarely received a Pap test. This is the group in which over 30 percent of invasive cervical cancers will be diagnosed.

4. Eliminating Disparities

According to the National Cancer Institute (NCI), health disparities are differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups. NCI also reports that these population groups may be characterized by gender, age, ethnicity, education, income, social class, disability, geographic location, or sexual orientation and are significantly more likely to:

- Be diagnosed with and die from preventable cancers.
- Be diagnosed with late-stage disease for cancers detectable through regular screening.
- Receive either no treatment or treatment that does not meet current accepted standards of care.
- Die of cancers that are generally curable.
- Suffer from cancer without the benefit of pain control and other palliative care.

Significant health disparities exist in breast and cervical screening, diagnosis, and treatment as outlined above. Women may face some of the following barriers to obtaining screening that include, but are not limited to:

- Fear of screening exams
- Fear of discovering cancer
- Lack of transportation
- Lack of physician referral
- Communication barriers
- Lack of child care
- Language barriers
- Cultural barriers

5. Re-Screening for Breast Cancer

Early detection with treatment is the best defense against breast cancer. The five-year survival rate for women diagnosed with early stage breast cancer is 96 percent, compared to 18 percent for women diagnosed with late stage cancer.

Although one-time mammography use has increased over the past decade, repeat mammography (defined as once a year) has not followed this trend and is extremely low in California. This is especially the case for uninsured, older minority women, particularly those living in rural, lower income, and lower education areas. For example:

White women in California are most likely to have been recently screened (59 percent) while screening among African American, Latino, and Asian women lagged behind (55 percent, 54 percent, and 52 percent respectively).

In 2003, only 35.7 percent of women who received screening services through *CDP: EWC* returned for re-screening services after 18 months. Of those re-screened, only 40 percent were between the ages of 50 and 65 years of age.³

Less than 30 percent of uninsured California women age 40 and older had a mammogram within the last year, compared to 64 percent of insured women.⁴

F. TARGET AUDIENCES

1. *CDP: EWC* Primary Care Providers (PCPs)

CDS maintains a diverse network of PCPs that serve women through-out California. The “Geographic Distribution of *CDP: EWC* Primary Care Providers” (see **Appendix X**) gives a breakdown of the *CDP: EWC* provider network by county. The provider network is comprised of PCPs that are eligible and enrolled in the *CDP: EWC*. PCPs are responsible for the delivery of breast and/or cervical cancer screening services and are the gatekeepers for all referral services required for each patient they enroll. PCPs refer and assist the patient to schedule follow-up services, including but not limited to screening or diagnostic mammograms and ultrasounds, and any necessary diagnostic services needed to definitively diagnose cancer or not cancer. They are also responsible to inform patients of treatment services available through the *Breast and Cervical Cancer Treatment Program*. In addition to providing and referring for services, they are responsible to report all screening, diagnostic and treatment service outcomes to CDS via a web-based reporting system.

2. Priority Populations

One of CDS’ goals is to ensure that all California women have access to high quality cancer education, early detection, diagnosis and treatment. Unfortunately, research has shown that barriers such as lack of health insurance, poverty, ethnic, and cultural issues prevent women from getting regular screenings. *CDP: EWC* specifically targets California’s medically underserved women and focuses outreach and education strategies on re-screening messages to women 50 and over within each of the priority populations named below. These are the women who receive disproportionately high numbers of late breast and cervical cancer diagnoses and who have the most difficulty in finding access to medical services.

a. Reaching Women Aged 50 and Older

Because breast cancer risk increases with age, the CDC has placed an emphasis on reaching women aged 50 and older for breast and cervical cancer screening. *CDP: EWC* will concentrate breast and cervical cancer education and screening efforts towards eligible women 50 years of age and older within the priority populations.

- In California, nearly 80 percent of new breast cancer cases and 82 percent of breast cancer deaths occur in women over age 50.
- Of women between the ages of 50 and 65 screened for breast cancer via *CDP: EWC* in 2003, only 40 percent returned for re-screening.

b. Reaching Women Rarely or Never Screened for Cervical Cancer

In addition to locating eligible women to receive services, outreach must also take place towards women who are rarely or never screened for cervical cancer. Rarely or never screened is defined as not having a Pap test within the last 5 years or not ever having a Pap test. The CDC states that rarely or never screened women are more likely to be minorities, have lower socioeconomic status, foreign born (living less than 10 years in the United States), and have no usual source of healthcare. The CDC goal is to have more than 20 percent of Pap tests performed on women who are rarely or never screened. In 2004 only 12.5 percent of *CDP: EWC* cervical screenings were for women in this group.

c. Specific Race/Ethnicities

It is important that all women in California are screened for breast and cervical cancer. Healthy People 2010 provides an agenda to address how these populations are screened. Healthy People 2010 is a set of comprehensive national health promotion and disease prevention goals, objectives, and measures to improve the health of all people in the U.S. by the end of the decade. It is through these goals and objectives, which CDS prioritizes its commitment of providing breast and cervical cancer screening and diagnostic services to eligible California women.

Of women who received breast cancer screening and diagnostic services through *CDP: EWC* in 2002-2003, 12 percent were Asian/Pacific Islanders, 4 percent were American Indian, and 3 percent were African American (data on rural women could not be collected). *CDP: EWC* has been extremely effective in reaching the Latino population of women, as is seen by the fact that during the same time period, nearly 59 percent of women screened were Latinas.

CDS expects to continue serving the Latino population of women in need. *CDP: EWC* has screened and re-screened a disproportionately lower percent of eligible women from each of the priority populations established for this RFA: African American, American Indian, Asian/Pacific Islander and rural women. Efforts will be focused on activities to increase breast and cervical screening and diagnostics services provided to women from these four priority race/ethnic populations.

These populations face barriers at a disproportionately higher level in California and have significantly lower rates of breast and cervical screening. CDS has been less successful in screening these women, which makes early detection less likely for them. This is especially evident in women identified as “rarely or never screened” for cervical cancer and women age 50 and over within the priority populations. To attain the CDC objectives and the Healthy People 2010 goals, (please visit their website <http://www.healthypeople.gov> for more information) CDS must serve a greater percentage of these groups for screening and re-screening services.

National and state statistics supporting the need to concentrate on the identified priority populations for breast and cervical cancer screening services are discussed below. For an estimated number of women who are eligible for *CDP: EWC* breast cancer screening and diagnostic services, please refer to “*CDP: EWC* Eligible *CDP: EWC* Women Breakdown by County/Ethnicity” (Appendix XI).

Additional statistics are available on the CDS website at www.dhs.ca.gov/cancerdetection.

1) African American Women

Breast Cancer

The NCI reports that African American women in California continue to have the highest death rate for breast cancer in the state. While breast cancer mortality has declined both nationally and in California, these women still carry a disproportionate burden of all breast cancer deaths. The higher death rate is related to a larger percentage of the breast cancers being diagnosed at a later, less treatable stage⁵.

The Cancer Detection Section estimated 75,953 African American women were eligible for *CDP: EWC* breast cancer services in 2005.

Of the 178,254 women screened for breast cancer by *CDP: EWC* in 2002-2003, only 3 percent (5,348) were African American.⁶

In 2002, only 62 percent of breast cancers were diagnosed in the early stage for African American women. In comparison, early stage at diagnosis for non-Latino White women was 70 percent.

Cervical Cancer

California and *CDP: EWC* continue to see a disproportionately lower number of African American women being screened for cervical cancer.

Of the 27,297 women screened for cervical cancer through *CDP: EWC* in 2002-2003, only 4 percent were African American.

In 2002, African American women had the lowest percentage of cervical cancers diagnosed at an early stage (41 percent). This was 50 percent for White women.

The NCI reports that the national mortality rate for cervical cancer among African American women is twice that for White women.

2) American Indian Women

California is home to the largest Native American population in the country, including Federally recognized Tribes, terminated, or non-federally recognized Tribes, and urban Indian communities. The US Census Bureau reports that about 628,000 people who identified themselves as American Indian Alaska Natives lived in California in 2000.

Data collection for American Indians is very limited in California. Women are less likely to be identified as American Indian in the data due to: 1) Spanish surnames skewing data or people changing their self identification, 2) tribal enrollments requiring different percentages of Indian blood or enrollment is not consistently based on either maternal or paternal blood, and 3) imprecise and inconsistent definitions of American Indian. Although limited data exists, CDS and the CDC identify American Indian women as a priority population.

Breast Cancer

According to the UCLA Center for Health Policy Research (September 2003), American Indian women are less likely to have been recently screened for breast cancer than White women.

3) Asian/Pacific Islander Women

California has the largest Asian population group in the U.S., with approximately 70 percent first generation immigrants.

Breast Cancer

Asian/Pacific Islander women, who usually have low breast cancer incidence rates in their native countries, experience increasing rates after migrating and assimilating to the U.S. Breast cancer incidence rates may continue to increase in the future as more Asian subgroups adopt more Westernized lifestyles.

Asian/Pacific Islander women are the least likely to get breast cancer among California ethnic groups. The incidence rates for invasive breast cancer increased by about 20 percent from 1989-1998 among Asian/Pacific Islander women in California.

Although this group has the lowest incidence rate of breast cancer, it is the only group with a statistically significant increase in the incidence rate.

Cervical Cancer

Asian women are at greater risk of developing cervical cancer and are less likely to receive routine screening than other ethnicities.

Asian/Pacific Islander women were the least likely to report having recently received a Pap test. In 2004, only 78 percent of Asian/Pacific Islander women in California, ages 18 and older, had a Pap test in the prior three years, as compared to 87 percent of Whites.

The NCI reports that the cervical cancer incidence rate in Vietnamese American women is five times higher than among White women. Cervical cancer is the most common invasive cancer for Vietnamese and Laotian women.

4) Rural Women

The U.S. Census Bureau defines rural areas as being comprised of open country and settlements with fewer than 2,500 residents. Urban areas comprise larger places and densely settled areas around them. Most counties, whether metropolitan or non-metropolitan, contain a combination of urban and rural populations (please refer to the U.S. Department of Agriculture website at: <http://www.ers.usda.gov/briefing/rurality/whatisrural>).

According to the U.S. Department of Health and Human Services' Rural Assistance Center, most women in rural areas identify themselves as non-Latino White. However, population shifts throughout the last decade have included changes to the racial and ethnic makeup in many communities. Many growing rural counties are also experiencing growth and changes in the diversity of their residents. One source of increasing diversity is the change in immigration patterns in response to employment opportunities in rural

areas. Many immigrants, especially Latino and Asian immigrants are increasingly settling in the rural U.S. In general, minority women tend to be more economically disadvantaged and have poorer health outcomes than corresponding White women. Rural women face barriers to health care access specific to rural life:

- A higher rate of uninsured and underinsured populations than urban areas
- Geographic isolation and lack of public transportation
- Lack of providers due to recruitment and retention problems

G. PROGRAM COMPONENTS

This contract will focus on the delivery of services in two core program areas: Quality Clinical Services and Tailored Health Education.

1. Quality Clinical Services (see Appendix I, “Operational Requirements: Quality Clinical Services” for further details)

a. Provider Network

Provider network duties will be implemented by licensed clinical staff. Clinical staff are responsible for promoting and administering the *CDP: EWC* program to providers. Required activities include monitoring the size of the network throughout California, assuring that there are appropriate PCPs to serve the priority women, and recruiting, enrolling and disenrolling providers as per CDS guidelines. Other activities include orienting new providers on CDS policies and procedures and providing ongoing technical assistance and/or training for existing providers as needed.

b. Provider Site Reviews and Continuous Quality Improvement (CQI)

Clinical staff will conduct provider site reviews utilizing the CDS standardized electronic site review tool. Site reviews will focus on reviewing PCP performance indicators, adherence to CDS clinical standards, assuring that PCPs have the latest CDS information and tools, identifying areas that require technical assistance/training, and communicating the site visit findings to the appropriate site staff. Having a presence in the provider office will allow clinical staff to establish a rapport with providers that will enhance the opportunity to identify and discuss the challenges providers face in providing quality screening and follow-up services.

c. Professional Education

Clinical staff will be responsible for the delivery of training to PCPs on the appropriate methods of reporting clinical service data and outcomes. CDS will provide a standardized curriculum in a variety of training formats for this purpose. Clinical staff will also be required to recruit and enroll PCPs to attend CDS sponsored trainings, such as, but not limited to clinical breast examination (CBE).

2. Tailored Education (see Appendix II, “Operational Requirements: Tailored Education” for further details)

Health Educators will be responsible for maintaining a local community presence to attract women eligible for *CDP: EWC* services. They will provide oversight for breast and cervical cancer screening education which will include promoting and implementing classes for women from each of the CDS identified priority populations.

CDS will provide a standardized breast cancer curriculum and approved cervical education materials. Emphasis will be on reaching women who have not accessed screening services.

In order to facilitate entry into communities that are difficult to reach, CDS strongly recommends that local Community Health Workers (CHWs) be hired. CHWs that are recognized and respected in their community will likely be more successful at recruiting and training their peers, will facilitate a more comfortable learning environment, and will be able to provide valuable impressions and evaluation as to the success of reaching, educating, and changing the behavior of their class participants.

¹ California Cancer Facts and Figures 2006, American Cancer Society and California Cancer Registry

² Cancer in California: 1988-1999, Kwong, et al, Cancer Surveillance Section, CDHS.

³ Percent of Women with Normal or Benign Mammogram Screening Between 1/1/03 and 12/31/03: Rescreened Within 18 Months. Cancer Detection Section, CDHS, October 2005

⁴ California Behavioral Risk Factor Survey, 1998-2000, California Surveillance Section, CDHS

⁵ National Institutes of Health Publication 96-4140, 1996

⁶ Breast Cancer At A Glance, Cancer Detection Section, CDHS, 2004

II. GENERAL APPLICATION INFORMATION

A. SERVICE AREA, FUNDING LEVEL, AND CONTRACT PERIOD

1. Service Area

CDS will fund a single entity to provide support for the delivery of breast and cervical cancer screening, re-screening, and diagnostic services throughout California. The Contractor will be expected to provide services in all 58 counties.

2. Funding Level

CDS anticipates the availability of approximately \$10.4 M to fund and support the Contractor from March 1, 2007 through June 30, 2010. Funding is dependent upon available revenue, annual federal and state legislative and congressional appropriations, and demand for clinical services. Funding may increase or decrease from the stated amounts and may be extended beyond or cancelled early from the stated period of time, depending upon future funding and program needs. Additional funding may become available during the term of the contract to address potential program growth. Growth may include, but not be limited to, expanding the Provider Network, adding other cancer prevention, screening, and treatment programs, and/or adding other chronic disease services to the contract Scope of Work (SOW). Additional funding may be distributed in the form of contract amendments or competitive RFAs.

Funding allocated for fiscal year (FY) 1 will be dedicated primarily for the Contractor to perform start-up functions. Applicants must submit budget documents for each state FY as identified below under Contract Period. Please refer to budget guidelines in this RFA for instructions on budget allocation requirements (see Section IV, "Application Requirements and Instructions," Part H, "Budget, Additional Budget Detail, and Budget Justification").

4-month Fiscal Year Funding (FY 1)	12-month Fiscal Year Funding (FY 2)	12-month Fiscal Year Funding (FY 3)	12-month Fiscal Year Funding (FY 4)	Total Contract Funding (40 months)
\$1,104,000	\$2,977,000	\$3,098,000	\$3,225,000	\$10,404,000

3. Contract Period

It is anticipated that the contract term will be from March 1, 2007 through June 30, 2010, for a total of three years and four months (40 months). The contract term may change if CDHS cannot execute agreements in a timely manner due to unforeseen delays.

This contract term is separated into four FYs as follows:

FY 1: March 1, 2007 - June 30, 2007	(4 months)
FY 2: July 1, 2007 - June 30, 2008	(12 months)
FY 3: July 1, 2008 - June 30, 2009	(12 months)
FY 4: July 1, 2009 - June 30, 2010	(12 months)
TOTAL	(40 months)

B. WHO MAY APPLY**1. Eligible Applicants**

The following entities and organizations, based in California, may apply for funding:

- a. Units of local government agencies including, but not limited to cities, counties, and other government bodies or special districts.
- b. State/public colleges or universities also known as institutions of higher education.
- c. Public and/or private non-profit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code (Appendix VIII). Proof of non-profit status must be included with the application. **Submit one of the following** with the application as directed in Section IV, "Application Requirements and Instructions".
 - i. A 501(c)(3) certification from the State of California, Office of Secretary of State, or
 - ii. A letter from the Department of Treasury, Internal Revenue Service, (Appendix IX) classifying the Applicant as a non-profit agency.

2. Entities and Organizations Ineligible to Apply

The following entities and organizations may not apply for funding:

- a. Organizations that have been deemed ineligible for California contracts or grants by the Department of Fair Employment and Housing due to a failure to comply with California's nondiscrimination laws and reporting requirements.
- b. Organizations that have been debarred or decertified from contracting by the federal government.
- c. Organizations with pending non-profit applications may not apply.
- d. Organizations not in compliance with Government Code Section 8355.
- e. Organizations that support or promote sectarian beliefs related to the doctrine of any religious group.
- f. Agencies and organizations based outside of California.

C. INTERNET ACCESS TO RFA DOCUMENTS

It is the Applicant's responsibility to visit the CDS website on a regular basis for current postings. All documents related to this RFA can be downloaded from the CDS website <http://www.dhs.ca.gov/cancerdetection/rfarfp>. This includes, but is not limited to:

- RFA document
- Attachments
- Appendices
- Exhibits
- Supplemental background information
- Addenda, if necessary
- CDS responses to Applicant questions
- Contract Award Announcement

Please send an email to cancerdetection@dhs.ca.gov to report any problems with the CDS website or documents published there.

D. QUESTIONS AND ANSWERS

Upon release of the RFA, CDS will accept and respond to questions directly related to the RFA. Questions must be received by CDS by **4:00 p.m., September 27, 2006**. Questions must be submitted by email to: cancerdetection@dhs.ca.gov. All questions must include the name of both the individual and the organization submitting the question. A "Questions and Answers" document will be published on the CDS website by **October 10, 2006**.

CDS will answer each question as it understands it. No attempt will be made to seek clarification of a question. CDS reserves the right to answer only questions considered relevant to this RFA. CDS reserves the right to provide only one answer for multiple questions considered to be identical or similar.

The RFA document is considered binding and legal. Therefore, all information provided within the RFA document takes legal precedence over the "Questions and Answers" document published by CDS.

If necessary, CDS will provide addenda to this RFA to resolve any identified errors or needed clarifications. RFA addenda will be posted on the CDS website. It is the responsibility of the Applicant to visit the CDS website on a regular basis to view this information.

E. APPLICATION SUBMISSION REQUIREMENTS

Applicants are responsible for all costs of developing and submitting an application, including staff time, supplies, and delivery costs. Such costs cannot be charged to CDS in any current contract or be included in any cost element of an Applicant's proposed budget.

1. Mandatory Letter of Intent

a. General Information

Prospective Applicants are required to indicate their intention to submit an application. Failure to submit the Mandatory Letter of Intent will result in application rejection. The Mandatory Letter of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent is submitted. Use the Mandatory Letter of Intent (Attachment 1) for this purpose.

b. Submitting the Mandatory Letter of Intent

Regardless of delivery method, the Mandatory Letter of Intent must be received by CDS by **4:00 p.m. on October 12, 2006**. Submit the Letter of Intent using one of the following methods:

U.S. Mail:	Hand-Delivery* or Overnight Express:	Fax**:
Letter of Intent RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare P.O. Box 997413, MS-7203 Sacramento, CA 95899-7413	Letter of Intent RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare 1616 Capitol Avenue, Suite 74.421, MS-7203 Sacramento, CA 95814-5052	Letter of Intent RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare Fax: (916) 449-5312

*Applicants hand-delivering a Letter of Intent must have the building lobby security officer call CDS at (916) 449-5300 and ask to have a CDS representative receive the document. CDS will provide a proof of receipt at the time of delivery.

**Applicants transmitting a Letter of Intent by fax are responsible for confirming the receipt of the fax by the stated deadline. Call Cathy Hare at (916) 449-5333 to confirm receipt of faxed transmissions.

2. Application

Develop applications by following all RFA instructions, subsequent clarifications issued in the Questions and Answers document, and any RFA addenda. Arrange for the timely delivery of the application package(s) to the address specified in this RFA.

a. Format requirements

See Section IV, "Application Requirements and Instructions," Part A, "General Instructions," of this RFA for specific formatting requirements.

b. Signatures

All RFA Required Attachments and Required Agency Documentation that require a signature must be signed in ink, in a color other than black. The person who is authorized to represent the signing Agency must sign. Signature stamps are not acceptable.

Place the originally signed documents in the application set marked "ORIGINAL". The RFA attachments and other documentation placed in the extra application sets may reflect photocopied signatures.

c. Assembly and Packaging

Assemble one (1) original and five (5) copies of the complete application. Mark the original application "ORIGINAL" at the top of the Application Checklist, and securely clip the original in the upper left-hand corner in a way that enables easy page removal. The original will contain all original signatures. Staple the five copies in the upper left-hand corner. Loose leaf or three-ring binders will not be accepted.

Seal all application copies in a single envelope or package, if possible. In the mailing envelope/package, place the application set marked "ORIGINAL" on top, followed by the five extra copies. Clearly indicate "RFA #06-55013" on the outside of the mailing envelope.

If an Applicant submits more than one envelope/package, label each one as instructed below and mark on the outside of each envelope/package "1 of 2", "2 of 2", etc., to indicate how many envelopes/packages there are in total.

d. Mailing or Delivery

Mail or hand-deliver the application to the California Department of Health Services, Cancer Detection Section as indicated below. Applications may not be transmitted electronically by fax or e-mail.

CDS must receive applications, regardless of method of delivery, by **4:00 p.m. on November 15, 2006**. Neither delivery to the department's mailroom or a U.S. postmark will serve as proof of timely delivery. CDS will deem late applications non-responsive. Late applications will not be reviewed or scored.

Label and submit an Application using one of the following methods:

U.S Mail:	Hand-Delivery or Overnight Express:
Application RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare P.O. Box 997413, MS-7203 Sacramento, CA 95899-7413	Application RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare 1616 Capitol Avenue Suite 74.421, MS-7203 Sacramento, CA 95814-5052

Note: The internal processing of U.S. mail at CDHS may add 48 hours or more to the delivery time. If an Applicant chooses U.S. mail as their delivery method, certified or registered mail is suggested.

Applicants that are hand-delivering an RFA application must have the building lobby security officer call CDS at (916) 449-5300, and ask to have a CDS representative receive the document. CDS will provide a proof of receipt at the time of delivery.

F. APPLICATION REVIEW PROCESS

1. Evaluation and Selection

A multiple stage evaluation process will be used to review and score applications. CDS may reject any application found to be non-responsive at any stage of the evaluation and selection process.

Applications that are received by CDS after 4:00 p.m. on November 15, 2006 or are missing any items listed in the Application Checklist will not be reviewed for funding.

a. Review for Compliance with Mandatory RFA Requirements

- 1) After the application submission deadline, CDS staff will convene to review each application for timeliness, completeness, and initial responsiveness to the RFA requirements. This is a pass/fail evaluation.
- 2) In this review stage, CDS will compare the contents of each application to the claims made by the Applicant on the Application Checklist to determine if the Applicant's claims are accurate.
- 3) If deemed necessary, CDS may collect additional documentation from an Applicant to confirm the claims made on the Application Checklist and to ensure that the application is initially responsive to the RFA requirements.
- 4) If an Applicant's claims on the Application Checklist cannot be proven or substantiated, the application may be deemed non-responsive and rejected from further consideration.

b. Application Review

- 1) Each application that complies with the mandatory requirements will be evaluated and scored by a review committee comprised of representatives from CDHS programs other than CDS.

- 2) Each application will be scored in four categories as seen in the table below: Applicant Capability, Needs Assessment, Workplan, and Budget. Questions in each category will receive a score between 0 and 3 points. The sum of the scores of the individual categories will be the Application Score. The maximum score an application can receive is 90 points.
- 3) Only applications with scores of 63 points or more will be considered for funding. There is no guarantee that a score of 63 points or above will result in funding. CDS intends to fund the applicant with the highest score.

<u>Scoring Category</u>	<u>Max Points</u>	<u>Application Score</u>
Applicant Capability (AC)	39	AC
Needs Assessment (NA)	27	NA
Workplan (W)	15	W
Budget, Additional Budget Detail, Budget Justification (B)	9	B
TOTAL	90	AC+NA+W+B

- 4) In scoring the individual categories, reviewers may consider the extent to which an application:
- Is fully developed, comprehensive, provides depth, breadth, and significant facts/details, and has few weaknesses, defects or deficiencies;
 - Demonstrates that the Applicant understands CDS' needs, the services sought, and the Contractor's responsibilities;
 - Illustrates the Applicant's capability to perform all services and meet all SOW requirements;
 - Demonstrates the Applicant's capacity, capability, and commitment to exceed regular service needs if future funding becomes available;
 - Contributes to the achievement of CDS' goals and objectives; and
 - Other factors as appropriate.
- 5) In the event more than one application receives the same total number of points, CDS will award the contract to the Applicant with a higher weighted score. The weights assigned to each category, and the means of calculating the weighted scores, are shown in the following table:

<u>Scoring Category</u>	<u>Weight</u>	<u>Score</u>	<u>Weighted Score</u>
Applicant Capability (AC)	3	AC	3 x AC
Needs Assessment (NA)	3	NA	3 x NA
Workplan (W)	2	W	2 x W
Budget, Additional Budget Detail, Budget Justification (B)	1	B	1 x B
Weighted Application Score =			(3xAC)+(3xNA) +(2xW)+B

- 6) If more than one application receives the same score after adjusting for the weighted categories, CDS reserves the right to conduct a site visit and/or require a formal presentation by the Applicant prior to determining an award.

2. Withdrawal of Applications

An Applicant may withdraw an application at any time before the submission deadline. A withdrawal request, signed by an authorized representative of the Applicant, is required before CDS will return an application to the Applicant. Label and submit the withdrawal request using one of the following methods:

U.S. Mail:	Hand-Delivery* or Overnight Express:	Fax**:
Withdrawal RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare P.O. Box 997413, MS-7203 Sacramento, CA 95899-7413	Withdrawal RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare 1616 Capitol Avenue, Suite 74.421, MS-7203 Sacramento, CA 95814-5052	Withdrawal RFA 06-55013 Department of Health Services Cancer Detection Section Attn: Cathy Hare Fax: (916) 449-5312

*Applicants hand-delivering a withdrawal request must have the building lobby security officer call CDS at (916) 449-5300, and ask to have a CDS representative receive the document. CDS will provide a proof of receipt at the time of delivery.

**Applicants transmitting a withdrawal request by fax are responsible for confirming the receipt of the fax within 24 hours of sending the fax. Call Cathy Hare at (916) 449-5333 to confirm receipt of faxed transmissions.

3. Resubmission of Applications

After withdrawing an application, Applicants may resubmit a new application according to the application submission instructions. Replacement applications must be received at the stated place of delivery by the application due date and time.

4. Notification of Award

An award, if made, will be to the responsive Applicant deemed qualified and eligible for funding by CDS based on highest score.

- a. All Applicants may view the web posting to learn which organization was funded. The award notice will be posted on December 8, 2006 at CDS' website:
<http://www.dhs.ca.gov/cancerdetection/rfarfp>.
- b. Applicants may receive, upon written request to CDS, their consensus review tool summary page which provides the score and overall strengths and weaknesses of their application.
- c. After the appeal deadline, CDS will contact the successful Applicant.

5. Appeals

Only non-funded Applicants that submit a timely application that complies with the RFA instructions may file an appeal. There is no appeal process for late or incomplete applications. Appeals are limited to the grounds that CDS failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the contents of the review committee evaluation are not grounds for appeal. Applicants may not appeal solely on the basis of funding level. Only timely and complete appeals that comply with the appeals process stated herein will be considered.

The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes CDS has improperly applied in making its award decision, the legal authority or other basis for the appellant's position, and the remedy sought. Written letters appealing CDS' final award selection must be received by CDS no later than **4:00 p.m. on December 15, 2006**.

Submit a written appeal signed by an authorized representative of the Applicant. Label and submit the appeal using one of the following methods:

U.S. Mail:	Hand-Delivery* or Overnight Express:
Appeal RFA 06-55013 Department of Health Services Donald O. Lyman, M.D., Chief Division of Chronic Disease and Injury Control P.O. Box 997413, MS-7200 Sacramento, CA 95899-7413	Appeal RFA 06-55013 Department of Health Services Donald O. Lyman, M.D., Chief Division of Chronic Disease and Injury Control 1616 Capitol Avenue, Suite 74.421, MS-7200 Sacramento, CA 95814-5052

*Applicants hand-delivering an appeal must have the building lobby security officer call CDS at (916) 449-5300, and ask to have a CDS representative receive the document. CDS will provide a proof of receipt at the time of delivery.

The Chief of the Division of Chronic Disease and Injury Control or his designee shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at his/her discretion, by holding an oral appeal hearing. At its sole discretion, CDHS reserves the right to collect additional facts or information to aid in the resolution of any appeal.

The decision of the hearing officer shall be final and there will be no further administrative appeal. Appellants will be notified of the decisions regarding their appeal in writing within fifteen working days of the hearing date or the consideration of the written appeal letter, if no hearing is conducted.

G. CDHS RIGHTS

In addition to the rights discussed elsewhere in this RFA, CDHS reserves the following rights.

1. RFA clarification / correction / alteration

- a.** CDHS reserves the right to do any of the following up to the application submission deadline:
 - 1)** Modify any date or deadline appearing in this RFA or the RFA Timeline.
 - 2)** Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
 - 3)** Waive any RFA requirement or instruction for all applicants if CDHS determines that a requirement or instruction was unnecessary, erroneous or unreasonable. If deemed necessary by CDHS, CDHS may also waive any RFA requirement or instruction after the application submission deadline.
- b.** If this RFA is clarified, corrected, or modified, CDHS intends to post all clarification notices and/or RFA addenda at the following Internet Web address:
<http://www.dhs.ca.gov/cancerdetection/rfarfp>.

2. Insufficient responsive applications / altered awards

If in CDHS' opinion, the state's interests will be better served, CDHS reserves the right at its sole discretion to take any of the actions described below. These actions may be initiated at the onset of various events including but not limited to a determination that an insufficient number of applications are responsive, additional funding is identified, anticipated funding decreases, etc.

- a.** Extend the application acceptance period beyond the date indicated in the RFA to invite additional interested organizations to submit applications for funding;
- b.** Offer agreement modifications or amendments to the funded organization for increased or decreased services and/or increased/decreased funding.

3. Right to remedy errors

CDHS reserves the right to remedy errors caused by CDHS office equipment malfunctions or negligence by agency staff.

4. No contract award or RFA cancellation

The issuance of this RFA does not constitute a commitment by CDHS to fund an applicant. CDHS reserves the right to reject all applications and to cancel this RFA if CDHS determines it is in the best interests of CDHS to do so.

5. Agreement amendments after award

CDHS reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, SOW modifications, budget or funding alterations, etc.

III. ADMINISTRATIVE AND PROGRAM EXPECTATIONS

A. REPORTING

The timely submission of Progress Reports is a contract requirement. Progress Reports must be received on or before the due date indicated. Failure to submit timely and acceptable Progress Reports is cause for invoice payments to the Contractor to be reduced, delayed, or disallowed. The Contractor is required to follow all CDS procedures for reporting information submitted in their Progress Reports. The Contractor will be required to respond as necessary to any specialized reports and/or revisions to report instructions as designated by CDS.

Progress Reports are to be received by CDS for each report period by the following due dates:

<u>Report Period</u>	<u>Due Date</u>
#1 - March 1, 2007 – December 31, 2007	January 31, 2008
#2 - January 1, 2008 – June 30, 2008	July 31, 2008
#3 - July 1, 2008 – December 31, 2008	January 31, 2009
#4 - January 1, 2009 – June 30, 2009	July 31, 2009
#5 - July 1, 2009 – December 31, 2009	January 31, 2010
#6 - January 1, 2010 – June 30, 2010	July 31, 2010

The Contractor's last monthly and/or final invoice will not be processed until an acceptable Final Progress Report (#6) has been received and approved by CDS.

B. MEETINGS, COLLABORATIONS, AND TRAININGS

The Contractor shall be available in person or by telephone to participate in meetings required and scheduled by CDS. Additionally, formal and/or informal site visits shall be conducted at the discretion of CDS. The Contractor will be notified within a reasonable amount of time prior to the visit occurring.

The Contractor is required to attend State-sponsored trainings such as, but not limited to, the *CDP: EWC Orientation*. The Contractor is expected to collaborate with CDS and related work groups to further the mission and goals of CDS.

C. STAFFING

Staffing patterns of the Contractor will conform to the Core Competency Requirements for Project Coordinator, Clinical Coordinator Supervisor, Clinical Coordinator, and Health Educator, as well as meet the minimum staffing requirements and conduct all responsibilities outlined below. CDS reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

1. **Project Coordinator**

- a. Must have a minimum of 5 years experience working in a public health or community related setting in the clinical field, three years of which must have been supervising health professionals and managing programs.
- b. Must be one (1) full-time equivalent (FTE) staff person (full-time not split between more than one person). This person will be responsible for conducting

administrative functions, including the overall management of the contract and staff.

- c. Will have overall responsibility for the management of the contract and will serve as the liaison with CDS.

2. Clinical Coordinator Supervisor

- a. Must have a minimum of 5 years experience working in a public health or community related setting in the clinical field, three years of which must have been supervising health professionals and managing clinical programs.
- b. Must be two (2) FTE staff persons (full-time not split between more than one person). This person will spend 50 percent of their time conducting nursing activities related to this RFA, and 50 percent of this person's time will be for supervising Clinical Coordinators.
- c. Must sign a Confidentiality Statement on a yearly basis before collecting or handling any patient data.

3. Clinical Coordinator

- a. Must have a minimum of 5 years experience working in a public health or community setting.
- b. Must be at least fifteen (15) FTE staff persons unless otherwise approved by CDS.
- c. Must sign a Confidentiality Statement on a yearly basis before collecting or handling any patient data.

4. Health Educator

- a. Must be four (4) FTE staff persons (full-time not split between more than one person) unless otherwise approved by CDS.
- b. Will have primary responsibility in coordinating and supervising CHWs.

5. Administrative Assistant

- a. Must be two (2) FTE staff persons (full-time not split between more than one person without prior CDS approval) to provide administrative support.

D. EXPENDITURES, REIMBURSEMENTS, AND RECORDS

- 1. Contractor must have adequate financial resources to cover approximately four (4) to six (6) months of delayed payments from CDS.
- 2. Contractor must expend funds in accordance with the approved budget. If any changes in the budget need to be made, including but not limited to, line items or staffing patterns, the Contractor must request these changes in writing for CDS approval.
- 3. For services satisfactorily rendered and upon approval of invoices, CDS will compensate the Contractor in arrears for actual expenses. Reimbursement for food and drink are not permitted.
- 4. Contractor should be aware that to receive expenditure reimbursement, it is legally bound to deliver the services as stated in the approved SOW. If changes to the SOW need to be made, the Contractor must request these changes in writing for CDS approval.

5. Contractor should be aware that CDS may withhold payment of invoices or recover funds for lack of documentation, unmet deliverables, and/or apparent non-compliance with contract requirements. CDS will determine whether the contract deliverables have been completed satisfactorily and/or in their entirety, as well as closely monitor progress toward SOW deliverables.
6. Contractor will submit a monthly invoice to CDS for reimbursement of their expenses.
7. Contractor may be required to obtain an annual single organization-wide financial and compliance audit. If so, CDS will reimburse the Contractor for its proportionate share of the audit expense.

E. CONTRACT COMPLIANCE

1. Contractor must comply with all CDS policies, procedures and program letters related to performance and within the contract.
2. CDS, at its discretion, shall evaluate the performance of the Contractor at six-month intervals and at the conclusion of the contract agreement. These performance evaluations shall be considered by CDS prior to making future contract awards.
3. CDS may assign a percentage weight for each SOW objective. Failure to meet a SOW requirement by the end of each six-month reporting period may result in CDS taking appropriate corrective action steps including, but not limited to, a decrease in payment congruent with the identified percentage weight of that SOW objective.
4. Staff that will utilize CDS resources, including their time during work hours which are funded by this contract, shall only perform activities towards implementation of this contract's SOW activities and deliverables. Activities such as, but not limited to, grant writing, fund solicitation and volunteering for boards or committees of other programs or organizations, are not permitted during CDS-funded work hours.
5. Contractor must obtain prior approval by CDS in order to participate in data collection or research studies using *CDP: EWC* information for purposes other than those of fulfilling the requirements of this contract.
6. Contractor, subcontractors, consultants, or vendors maintaining an agency website that choose to include *CDP: EWC* must comply with the following requirements:
 - a. May only provide links to CDS-sponsored websites:
 - Cancer Detection Section homepage: <http://www.dhs.ca.gov/cancerdetection>
 - Center for Cancer Quality Assurance and Professional Education (QAPE): <http://gap.sdsu.edu>
 - b. May not develop, produce or endorse any other websites or services in relation to or within the same webpage as *CDP: EWC* information or services. Any reference to *CDP: EWC* may only link to mutually agreed upon locations on the CDS or QAPE websites given above.

F. CONTRACTUAL TERMS AND CONDITIONS

The funded applicant must enter a written agreement that may contain portions of the Applicant's application (i.e., Budget, Work Plan), Scope of Work, standard contractual provisions, a standard agreement, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting agreement.

The exhibits identified in this section contain contractual terms that require strict adherence to various laws and contracting policies. An Applicant's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFA may cause CDHS to deem an Applicant non-responsive and ineligible for an award. Note, California State Universities and/or colleges will be offered alternate agreement terms that represent CDHS' traditional contractual language, which differs slightly from the agreement terms contained or referenced herein. CDHS reserves the right to substitute the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between CDHS and the funded applicant. Other terms and conditions, not specified in the exhibits identified below, may also appear in a resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., agreement total exceeds a certain amount, federal funding is present, etc.).

In general, CDHS will not accept alterations to the General Terms and Conditions, CDHS' Special Terms and Conditions, the contents of other cited exhibits, or alternate language proposed or submitted by a prospective Contractor. As indicated above, the awarding program will substitute CDHS' standard California State University or University of California agreement model in place of the terms and exhibits identified below.

1. Sample contract exhibits

- a. Exhibit A1 Standard Agreement (1 page)
- b. Exhibit A Scope of Work (19 pages)
- c. Exhibit B Budget Detail and Payment Provisions (5 pages)
- d. Exhibit C General Terms and Conditions

View or download this exhibit at the Internet site <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>. An alternate version of this exhibit (i.e., GIA 101) will be cited in agreements entered into with University of California campuses or California State University campuses.

- e. Exhibit D(F) Special Terms and Conditions (26 pages)
- f. Exhibit E Additional Provisions (2 pages)
- g. Exhibit F Contractor's Release (1 page)

This exhibit is not applicable to agreements entered into with University of California campuses or California State University campuses.

- h. Exhibit G Travel Reimbursement Information (2 pages)

This exhibit may not be applicable to agreements entered into with University of California campuses or California State University campuses.

- i. Exhibit H HIPAA Business Associate Addendum (6 pages)
- j. Exhibit I Invoice Cover Letter Template
- k. Exhibit J 8-Line Item Invoice Template
- l. Exhibit K Additional Budget Detail Invoice Template

2. Resolution of language conflicts (RFA vs. final agreement)

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA,

any inconsistency or conflict will be resolved by giving precedence to the final agreement.

G. SUBCONTRACTS AND CONSULTANT AGREEMENTS

1. Subcontract and consultant agreements will be allowed ONLY to hire individuals to serve as Community Health Workers (CHW) for the recruitment of attendees and implementation of breast and/or cervical Tailored Education Classes (Objective 1 of the SOW). The candidate must possess knowledge, skills and expertise in working with one or more of the priority populations and should be a recognized and respected member of the local community. They are expected to have specific expertise not already possessed by staff. CHWs will utilize the standardized CDS curriculum, currently *Breast Cancer Basics*, for courses and will utilize the CDS-endorsed cervical screening/prevention materials.

A CHW may be retained for a maximum of \$100 per class at \$20 per hour. This amount includes any travel reimbursement or other expenses. The Contractor may not expend more than \$7,200 per contract year per individual CHW.

2. Subcontract and consultant agreements to complete other SOW activities may only be allowed on a case-by-case basis, and must be fully justified in writing and approved in advance by CDS.
3. Superseding provision 5, "Subcontract Requirements", of Exhibit D, "Special Terms and Conditions," prior written authorization will be required before a Contractor enters into or is reimbursed for a subcontract or consultant agreement of any funding amount.
4. CDS reserves the right to reject reimbursement for subcontract and consultant agreements if the agreement did not receive prior CDS approval.

H. LOBBYING

1. CDS funds may not be used to support lobbying activities. Lobbying is defined as communicating with a member or staff of a legislative body, or a government official or employee, with the intention of impacting the formulation of legislation; or swaying the general public with the specific intention of promoting a "yes" or "no" vote on a particular piece of legislation.
2. Educating legislators, their staff, government employees, or the general public about CDP: EWC or about breast and/or cervical cancer-related issues is not considered lobbying.
3. If the Contractor or their representative is found to be lobbying, the contract may be terminated.

IV. APPLICATION REQUIREMENTS AND INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **READ ALL INSTRUCTIONS CAREFULLY.** Be sure to include all of the information required in this RFA, including all attachments, agency documentation, and the appropriate number of copies. Re-check the application to ensure completeness.
2. **DO NOT PROVIDE ANY MATERIALS THAT ARE NOT REQUESTED.** Any materials submitted that are not requested under this RFA will be discarded prior to application review, including pages that go over the maximum number in specified sections with page limitations.
3. Number each page of the application sequentially, starting with Page 1, in the bottom right-hand corner of each page, excluding the application's Required Attachments and Required Agency Documentation sections. Hand-written page numbering is acceptable.
4. For the Required Attachments and Required Agency Documentation sections, number the pages sequentially, starting with Page 1 within each section, in the bottom right-hand corner of each page. Hand-written page numbering is acceptable.
5. Use Arial font size 12 or larger, single-spacing.
6. Use margins of no less than one inch on all sides.
7. Print pages single-sided on white paper.
8. Securely clip the original application in the upper left corner, and securely staple each of the five copies in the upper left corner. Do not use folders or binders.
9. Clearly indicate "RFA #06-55013" on the outside of the mailing envelope.
10. Note that several Required Attachments and Required Agency Documentation forms require a signature by the person authorized to legally bind the agency to the commitment outlined in the application. Be sure to use ink in a color other than black, and allow the necessary time to obtain these required signatures.
11. Present the components of the RFA in the order listed below, using the instructions provided on the subsequent pages to complete each area. Use the Application Checklist (Attachment 2) to ensure that your application package is complete.
 - a. Application Checklist
 - b. Application Cover Page
 - c. Table of Contents
 - d. Applicant Capability
 - e. Needs Assessment and Description of Target Audience
 - f. Workplan
 - g. 8-Line Item Budget, Additional Budget Detail, Budget Justification
 - 1) Fiscal Year 1 budget documents: 8-Line Item Budget, Additional Budget Detail, and Budget Justification
 - 2) Fiscal Year 2 budget documents: 8-Line Item Budget, Additional Budget Detail, and Budget Justification
 - 3) Fiscal Year 3 budget documents: 8-Line Item Budget, Additional Budget Detail, and Budget Justification

- 4) Fiscal Year 4 budget documents: 8-Line Item Budget, Additional Budget Detail, and Budget Justification

h. Required Attachments

- 1) Business Information Sheet
- 2) CCC 1005 - Certification
- 3) Payee Data Record
- 4) RFA Clause Certification
- 5) Conflict of Interest Compliance Certificate
- 6) Needs Assessment Matrix
- 7) Letter of Reference

i. Required Agency Documentation

- 1) Proof of Non-profit Status
- 2) Board of Directors List
- 3) Local Government Resolution
- 4) Organizational Chart
- 5) Resumes/Duty Statements

12. An original and five (5) copies of the complete application package must be received by 4:00 p.m. Wednesday, November 15, 2006. Late or incomplete applications will not be reviewed.

B. APPLICATION CHECKLIST
(use Attachment 2)

Complete and submit the Application Checklist to ensure that all application attachments and required components are included and place it on top of your application.

The items included on the checklist are required to be submitted as part of the application and must be presented in the ordered given on the form. If any items are omitted from the application, the application will be considered non-responsive and will not be reviewed.

C. APPLICATION COVER PAGE
(use Attachment 3)

Complete and submit the Application Cover Page.

D. TABLE OF CONTENTS

Applications must have a Table of Contents with page numbers referenced. Properly identify each section and the contents therein. Number each page of the application consecutively, excluding the application's Required Attachments and Required Agency Documentation sections. Hand-written page numbering is acceptable.

E. APPLICANT CAPABILITY
(5 page maximum) – 39 Points (maximum of 3 points per question)

In five pages or less, describe the Applicant's ability to successfully implement the proposed project. The organizational chart, duty statements, resumes, Board of Directors roster, non-profit status documentation, and local government resolution are excluded from the page limitation. Address all of the following issues as they apply to the Applicant agency.

1. Describe the Applicant agency's history, including the date the agency was established, and its primary mission. Explain the services and programs currently

- offered by the Applicant. Describe the Applicant's history with any past services relevant to this RFA, especially any involvement in breast and cervical cancer issues.
2. Describe the Applicant's capability and resources to ensure timely start-up and implementation into the agency's organizational structure. Attach an organizational chart clearly indicating the placement of the proposed project. Place the organizational chart in the Required Agency Documents section of the application.
 3. Describe the Applicant's experiences in serving/reaching underserved and/or ethnic populations, in particular those populations described as a "priority" in this RFA. Please include any experiences related to providing tailored community health education for these populations.
 4. Describe the Applicant's ability to successfully address the challenges and barriers of providing statewide services.
 5. Describe strategies for staff competencies with federal, state, and local regulations, specific to their programmatic responsibilities.
 6. Describe the Applicant's ability to recruit and retain PCPs in both rural and urban areas. Describe the Applicant's experiences in identifying providers' capabilities to serve women within the four priority populations of this RFA in a culturally appropriate manner, and how the Applicant addressed provider capability problems.
 7. Describe the Applicant's experience in collaborating with PCPs, including providing technical assistance and delivering public health education and training for licensed health care professionals and office staff.
 8. Describe the Applicant's experience and capacity to utilize data to identify trends and problems, including an example of how the Applicant has used data to develop and implement strategies and solve problems. Include a description of resources available to the Applicant to assist in this process.
 9. Describe the Applicant's experience performing provider site reviews and providing feedback to licensed healthcare professionals and office staff. This should include any experience with noncompliant and/or non-responsive sites.
 10. Describe the Applicant's ability to expand their services to other cancers, should funding become available.
 11. Describe the agency's financial ability to conduct all services described in this RFA. Given that contract payments are made on a reimbursement basis, explain how the Applicant agency is financially able to operate the project while awaiting payment.
 12. Describe the Applicant's auditing history over the last three (3) years. Describe the frequency and types of audits, date of last audit, and a summary of major findings from the last audit. Do not send copies or related material with the applications. Indicate if the Applicant has been audited by a State agency within the last two (2) years. If yes, list: 1) the name of the State agency; 2) State agency contact person and phone number; 3) the year the audit was conducted; and 4) the outcome of the audit. CDHS/CDS reserves the right, at its sole discretion, to follow-up with references to confirm the audit history.
 13. Describe the Applicant's current administrative staffing patterns for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience with monitoring government contract and/or grant funds. Do not

attach resumes of administrative/fiscal staff that will be paid through the contract's indirect expense line.

**F. NEEDS ASSESSMENT and DESCRIPTION OF TARGET AUDIENCE
(6 page maximum) – 27 Points (maximum of 3 points per question including Needs Assessment Matrix)**

In six pages or less, provide a comprehensive narrative description of the targeted populations including providers and eligible women. In the Required Attachments section of the application, also provide a Needs Assessment Matrix (Attachment 9) as described below.

Documentation of the assessments cited within five years by the Applicant must be submitted in the form of a Needs Assessment Matrix (Attachment 9). This matrix should be submitted as an attachment in the application's Required Attachments section, and will not count towards the six-page limitation of the Needs Assessment portion of the application. Copies of the actual individual assessments conducted should not be submitted with the application.

Example (use Attachment 9)

Title of Assessment	Author/Agency	Date of Assessment	Methods Used For Needs Assessment
Breast and Cervical Cancer Screening Rates Among Korean Women – Santa Clara County, CA, 1994 and 2002	J.M. Moskowitz/ Morbidity Mortality Weekly Report	August 2004	Review of article from Literature

A Needs Assessment should be conducted and/or gathered from appropriate sources. Needs Assessment examples include: focus groups, sample surveys, County data, existing studies, literature review, key informant interviews, etc. The results, identified and summarized by the Applicant, should serve as the foundation for the Applicant's proposed strategies described in the Workplan section of this RFA.

Address the following two areas in the narrative:

1. Clinical Services

- a. Describe where *CDP: EWC* eligible women are currently getting care for breast and cervical cancer screening and diagnostic services. This should include a breakdown by priority population, rural versus urban settings, and gaps in delivery of services.
- b. Describe barriers that providers face in serving the *CDP: EWC* eligible population, especially the priority populations.
- c. Identify and describe professional organizations comprised of clinicians and/or other health workers that support provider services, especially those that address culturally appropriate services to women throughout the state.
- d. List and describe the anticipated challenges and barriers to implementation of the Quality Clinical Services component of the project and what will be done to avoid or overcome them.

2. Priority Populations

- a. Describe where *CDP: EWC* eligible women, within each priority population, reside within the state. This should also include characteristics of each priority population in relation to: communities, cultural beliefs and values, religious affiliations, and whether the residents are refugees, recent immigrants, or long term community members.
- b. Provide an explanation, based on research, data, etc., of why women identified within each of the priority populations may not seek or receive breast and cervical cancer screening, diagnostic, and treatment services. Include a description of 1) barriers, attitudes and behaviors to accessing and receiving clinical services, by priority population women, and 2) challenges associated with priority population women receiving services in a culturally appropriate manner.
- c. Identify proven strategies determined to be successful, based on knowledge, attitudes and behaviors, in reaching and providing tailored education to each priority population. Describe anticipated challenges and barriers to implementation of the Tailored Education component of the project and what will be done to avoid or overcome them.
- d. Describe existing local and statewide breast and cervical cancer organizations. Identify the existing gaps in service that will be addressed by the Applicant.

G. WORKPLAN**(3 page maximum) – 15 Points (maximum of 3 points per question)**

In three pages or less, Submit a narrative in response to the items listed below. The “Workplan” is considered to be a “plan of action” to reflect the Applicant’s understanding of what is expected and outlined in the SOW (Exhibit A) and should be based on the results of the Applicant’s Needs Assessment and Description of Target Audience described above.

1. Describe how the Applicant is prepared to ensure delivery of Objective 1, Tailored Education, especially with respect to priority populations.
2. Describe how the Applicant is qualified to deliver Objective 2, maintenance of a Provider Network. Please address the ability to promote CDS clinical policies.
3. Describe how the Applicant is able to ensure statewide completion of Objective 3, that each clinical staff perform between 12-20 Provider Site Reviews per month. Please address the ability to promote use of CDS protocols as well as how they relate to the SOW activities and operational requirements.
4. Briefly describe how the Applicant proposes to recruit PCPs for CDS-sponsored trainings as defined in Objective 4.
5. Describe how the Applicant plans to self-monitor progress made toward ensuring that the deliverables of each SOW objective is implemented.

H. BUDGET, ADDITIONAL BUDGET DETAIL, AND BUDGET JUSTIFICATION**(9 Points - maximum of 3 points per budget year)**

Prepare a separate Budget, Additional Budget Detail, and Budget Justification for each of the four (4) fiscal years. The first fiscal year will consist of a 4-month period, and the remaining three (3) fiscal years will each consist of 12-month periods as follows:

Fiscal Year 1: March 7, 2007 through June 30, 2007

Fiscal Year 2: July 1, 2007 through June 30, 2008

Fiscal Year 3: July 1, 2008 through June 30, 2009

Fiscal Year 4: July 1, 2009 through June 30, 2010

Each fiscal year's budget documents should reflect adequate funding to accomplish the goals, objectives, activities, and evaluation for the corresponding SOW.

The Budget forms included in this RFA are not intended to dictate the specific costs that can be claimed for reimbursement, but are intended to show the required format for reporting proposed budget expenses.

Prohibited Expenses

Certain expenses are disallowed from reimbursement for this project. These disallowed expenses include, but are not limited to:

- a. Bonuses/Commissions: Reimbursement is prohibited for any bonus or commission to any individual, organization, or firm.
- b. Lobbying: Reimbursement is prohibited for lobbying activities.
- c. Fundraising: Reimbursement is prohibited for organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, or similar expenses incurred solely to raise capital or obtain contributions.
- d. Purchase of Real Property: Reimbursement is prohibited for expenses for real property, including land, structures, and their attachments.
- e. Interest: Reimbursement is prohibited for interest payments.
- f. Lease-Purchase Options: Reimbursement is prohibited for a lease-purchase option for the acquisition of any equipment.
- g. Food: Reimbursement is prohibited for food.
- h. Overtime: Reimbursement is prohibited for overtime.
- i. Out of State Travel: Reimbursement is prohibited for travel outside of California.

1. Budget (8-Line Item Budget)

Use the Sample 8-Line Item Budget format (Appendix XII) to prepare a separate Budget for each of the four (4) fiscal years. The 8-Line Item Budget will provide a condensed version of the Additional Budget Detail and Budget Justification specifics.

A. Personnel

Show the total Personnel amount by calculating the sum of all staff salaries.

B. Fringe Benefits

Show the total Fringe Benefits amount, and the percent (or percentage range) that will be charged. Fringe Benefits are calculated by multiplying the total Personnel costs by a given percentage.

C. Operating Expenses

Show the total Operating Expenses amount by calculating the sum of General Expenses, Space Rent/Lease, and Printing.

D. Equipment

Show the total Equipment amount if the amount is less than \$50,000. If this amount is \$50,000 or more during any fiscal year, provide a breakdown. Include only equipment items with a unit cost of \$5,000 or more and a life expectancy of one year or more. Equipment items with a unit cost of less than \$5,000 should be included in the Operating Expenses line.

E. Travel and Per Diem

Show the total Travel and Per Diem amount. The allowable reimbursement rates are given in Exhibit G, "Travel Reimbursement Information."

F. Subcontracts and Consultants

Show the total Subcontracts or Consultants amount if it is less than \$50,000. If this amount is \$50,000 or more during any fiscal year, provide a breakdown.

G. Other Costs

Show the total Other Costs amount if it is less than \$50,000. If this line is \$50,000 or more during any fiscal year, provide a breakdown.

H. Indirect Expenses

This is calculated by multiplying the Total Direct Expenses (minus any individual subcontract amounts that exceed \$25,000) by no more than 12 percent.

In accordance with the California Breast Cancer Control Act of 1993, Applicants must contain Indirect Expenses at a rate no greater than 12 percent of total direct costs. With regard to each subcontract, the 12 percent administrative overhead is limited to the first \$25,000 of each subcontract. CDHS will deem an application non-responsive if an Applicant offers an Indirect Expenses rate that exceeds this limit.

Indirect Expenses are costs that are not directly associated with the project's deliverables. Examples of Indirect Expenses are: management and fiscal personnel (e.g. Executive Director, Deputy Director, Attorney, and Bookkeeper), payroll services, utilities, building and equipment maintenance, janitorial services, insurance costs, and any expenses related to the mandatory annual Financial and Compliance Audit.

NOTE: Do not consolidate Indirect Expenses into other line items. Indirect Expenses must be reported separately under the Indirect Expenses line item.

Total Budget

Show the Total Budget amount. This is calculated by adding lines A through H. This amount should match the funding amount designated for each fiscal year as shown in Section II, "General Application Information," Part A, "Service Area, Funding Level and Contract Period."

2. Additional Budget Detail

Use the Sample Additional Detail Budget format (Appendix XIII) to prepare a separate Additional Budget Detail for each of the four (4) fiscal years. Provide an itemized cost breakdown for each budget line item. Display costs as whole

dollars only. Fractional dollar amounts or cents must be rounded to the nearest whole dollar. Identify the Applicant's projected detailed expenses for each line item identified below by following the instructions herein.

A. Personnel

Pursuant to Section 3.17.1 of the State Contracting Manual, salaries paid to project staff shall not exceed those paid to the State personnel for similar positions/classifications. For the purposes of this contract, no salaries may fall below or exceed the stated salary ranges. The salary ranges shown on Appendix VII are the approved salaries and cannot be altered.

Show a breakdown/list of all personnel positions that will be utilized under the contract. For each position, give the position title, name of staff (if known), the payment schedule (i.e., hourly or monthly), the percent of time the position will have on the contract, the range of pay per month (i.e., \$2,005-\$3,156 per month), and the amount requested for that fiscal year. The salary range shall remain constant throughout the duration of the contract. The salaries may increase during the duration of the contract, but they must remain within the stated salary range. If applicable, enter \$0 if no personnel costs will be incurred.

Management and fiscal personnel (e.g. Executive Director, Deputy Director, Attorney, Bookkeeper, etc.) should not be included in the Personnel Costs category, but should be included in the Indirect Expenses line item. Agencies having an established policy that includes such positions in the Personnel Costs category shall so indicate and attach a copy of the policy to the Budget Justification.

Show the Total Salaries.

B. Fringe Benefits

Show the total Fringe Benefits amount, and the percent (or range) that will be charged. Fringe Benefits are calculated by multiplying the total Personnel costs by a given percentage.

C. Operating Expenses

Show a breakdown/list of Operating Expenses that include the following three (3) categories: General Expenses, Space Rent/Lease, and Printing. Printing refers to outside vendors (not internal copying). If applicable, enter \$0 if no operating expenses will be incurred.

Direct project costs may include but are not limited to the following expense items:

- Facility rental (i.e., office space, storage facilities, etc.). Include the amount of square footage and the rate per square foot.
- Consumable office supplies.
- Minor equipment purchases (i.e., items with a unit cost of less than \$5,000 and a useful life of one year or more).
- Telecommunications (i.e., telephone and cellular telephones, fax, Internet service provider fees, etc.).
- Reproduction/printing/duplication.
- Postage or messenger/delivery service costs.

- Equipment and furniture rental/lease.

NOTE: Do not consolidate the other distinct line items into the Operating Expenses line item including Equipment, Travel, Subcontractor and Consultant, or Other Costs, as these costs must be reported separately.

D. Equipment

Show the total Equipment amount if the amount is less than \$50,000. If this amount is \$50,000 or more during any fiscal year, provide a breakdown. If applicable, enter \$0 if no major equipment expenses will be incurred.

CDHS primarily classifies equipment as Major Equipment, Minor Equipment and Miscellaneous Property. Major Equipment is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Major equipment is budgeted in this expense line item. Minor Equipment is defined as a tangible item with a base unit cost of less than \$5,000 and a life expectancy of one year or more and is on CDHS' Minor Equipment List and that is purchased or reimbursed with agreement funds. Minor equipment should be included in the Operating Expenses line under General Expenses.

Contractors may use their own purchasing system to obtain major equipment up to an annual limit of \$50,000. CDHS must arrange all equipment purchases above this limit. Unlimited purchase delegations exist for California State colleges, public universities, and other governmental entities.

E. Travel and Per Diem

Show the total Travel and Per Diem amount. Include costs for expenses such as airfare, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging and meal expenses, etc. See Exhibit G for allowable reimbursement rates. If applicable, enter \$0 if no travel expenses will be incurred.

F. Subcontracts and Consultants

As described in Section III, "Administrative and Program Expectations", Subcontract and Consultant agreements will be allowed only under specific circumstances. Specify a total cost for each subcontract/consultant agreement (including those performed by independent consultants). Subcontractors include any persons/firms performing contract services that are not on the Applicant's payroll.

Regardless of funding amounts, all subcontract/consultant agreements need to be itemized on the Additional Budget Detail under the Subcontracts and Consultants line item.

If applicable, enter \$0 if no subcontract expenses will be incurred.

G. Other Costs

Other Costs are not anticipated in this contract. Enter \$0.

Total Direct Expenses

Even though the Total Direct Expenses is not shown on the 8-Line Item Budget, do show the Total Direct Expenses on the Additional Budget Detail. Total Direct Expenses is calculated by adding lines A through G.

H. Indirect Expenses

This is calculated by multiplying the Total Direct Expenses (minus any individual subcontract amounts that exceed \$25,000) by no more than 12 percent.

Total Budget

Enter a total annual cost for the stated fiscal year or budget period. Make sure all itemized costs equal this figure when added together.

3. Budget Justification

Use the Sample Budget Justification format (Appendix XIV) to prepare a separate Budget Justification for each of the four (4) fiscal years. The Budget Justifications will provide narrative, back-up information, including numerical calculations, for the amounts requested in the Applicant's budget documents.

A. Personnel

Show each individual Personnel position that will be utilized under the contract. Applicants must use the approved salary ranges shown on Appendix VII to determine the appropriate salary ranges. If applicable, enter \$0 if no personnel costs will be incurred.

For each position, show the calculation used to arrive at the requested budget amount for that fiscal year. For example, a position which is requesting \$30,000 for a fiscal year would have a calculation that displays the amount per payment schedule (must fall within the range given), multiplied by the percent of time, multiplied by the number of payments, as follows:

$$[\$2,500 \text{ paid monthly}] \times [100 \text{ percent}] \times [12 \text{ months}] = \$30,000$$

Include a narrative description for each position, including by whom the position is supervised, and the position's responsibilities and duties. Include each staff position's qualifications (including education, training, and experience) of those current staff that would be assigned to this contract, and specify what qualifications would be sought for positions not yet filled.

B. Fringe Benefits

Show the total Fringe Benefits amount, and the percent (or range) that will be charged. Fringe Benefits are calculated by multiplying the total Personnel costs by a given percentage. Provide a narrative description of the fringe benefits that will be included for staff positions in the contract.

C. Operating Expenses

Show a breakdown/list of Operating Expenses that include the following three (3) categories, and provide a narrative description of the anticipated expenditures:

- 1) General Expenses: Include office supplies, copying, postage, etc. Also include any minor equipment expenses that will have a unit cost of less than \$5,000.
- 2) Space Rent/Lease: Show the calculation used to arrive at the requested budget amount for that fiscal year. In the calculation, include number of square feet, cost per square foot, the number of months, and the number of FTEs, as follows:
$$[150 \text{ sq. ft.}] \times [\$1/\text{sq.ft./month}] \times [12 \text{ months}] \times [4.5 \text{ FTE}] = \$8,100$$
- 3) Printing: Include any anticipated printing by outside vendors (not internal copying), such as CDS-approved program stationary, envelopes, and business cards.

D. Equipment

List any anticipated major equipment expenditures with a unit cost of \$5,000 or more and a life expectancy of one year or more. Explain why the equipment item is needed and how it will be used to carry out the work. If applicable, explain why a lease is not preferable to a purchase.

E. Travel and Per Diem

Provide a narrative description of the anticipated Travel and Per Diem expenditures. Include the number of staff who will be traveling and the number of anticipated trips. The allowable travel reimbursement rates are given in Exhibit G.

F. Subcontracts and Consultants

Provide a narrative description of the anticipated services and/or activities to be performed by subcontractors and consultants. Provide a breakdown, including names and/or entity names (if known).

G. Other Costs

Provide a narrative description of other anticipated costs not shown in any of the previous line items. Provide a breakdown of the various categories that make up the Other Costs amount. Explain why each expense item is necessary and how the Applicant determined the amount of each expense.

Total Direct Expenses

Even though the Total Direct Expenses is not shown on the 8-Line Item Budget, do show the Total Direct Expenses on the Budget Justification. Total Direct Expenses is calculated by adding lines A through G.

H. Indirect Expenses

Provide a narrative description of the Indirect Expenses that will be included in this line item. This can include typical overhead expenses such as telephone, heating, and air conditioning, etc. Also provide the Indirect Expense rate to be used on this contract.

The Indirect Expenses amount is calculated by multiplying the Total Direct Expenses (minus any individual subcontract amounts that exceed \$25,000) by no more than 12 percent. For example, if a subcontract is for \$30,000,

subtract \$5,000 from the Total Direct Expenses before calculating the Applicant's Indirect Expenses.

Total Budget

Show the Total Budget amount. This amount should match the funding amount designated for each fiscal year as shown in Section II, "General Application Information," Part A, "Service Area, Funding Level, and Contract Period."

I. REQUIRED ATTACHMENTS

Complete and submit the documents listed below, placing them after the main portion of the application. Assemble them in the order shown below in your application's Required Attachments section. Number the pages sequentially in this section, starting with Page 1. Hand-written page numbering is acceptable. Remember to place all originals in the application package marked "Original" and photocopies in other required application sets. These documents do not count towards any of the page limitations stated within the application.

1. Business Information Sheet (use Attachment 4)

Completion of the form is self-explanatory.

2. CCC 1005 - Certification (use Attachment 5)

Complete and sign this form indicating the Applicant's willingness and ability to comply with the Contractor Certification Clauses appearing in Attachment 5. The attachment supplied in this bid represents only a portion of the Contractor information in this document. Visit this web site to view the entire document:

www.ols.dgs.ca.gov/Standard+Language

3. Payee Data Record (use Attachment 6)

Complete and return this form, only if you have not previously entered into a contract with CDHS. If uncertain, complete and return the form.

4. RFA Clause Certification (use Attachment 7)

Complete and sign Attachment 7 indicating the Applicant's willingness and ability to comply with the certification clauses.

5. Conflict of Interest Compliance Certificate (use Attachment 8)

Any organization that intends to submit an application is required to submit Attachment 8 certifying that the applying organization understands that the conflict of interest requirements shall remain in effect for the entire term of the resulting agreement.

- a. Applicants must assess their own situation according to the Conflict of Interest Compliance Certification information in Attachment 8. Complete, sign, and attach any required documentation according to the instructions on the attachment.
- b. If a conflict of interest is determined to exist that cannot be resolved to the satisfaction of CDHS before the award of the contract, the conflict will be grounds for deeming an application non-responsive.

6. Needs Assessment Matrix (use Attachment 9)

Use Attachment 9 of this RFA to complete and submit the required Needs Assessment. See Section IV, “Application Requirements and Instructions”, Part F, “Needs Assessment and Description of Target Audience” for instructions.

7. Letter of Reference (2 Required) (use Attachment 10)

Submit no more than and no less than two (2) Letters of Reference, using Attachment 10 for these letters. Applicants must have two current and/or previous funding sources for which they are/were contracted for at least \$500,000 each. A representative from each funder must complete, provide an original signature in a color other than black, and date a copy of the “Letter of Reference” provided in this RFA.

- a. Do not include any additional Letters of Reference in this application.
- b. CDS reserves the right to contact the Applicant’s referring agencies in order to verify information provided.

J. REQUIRED AGENCY DOCUMENTATION

Complete, sign and submit the documents listed below, placing them after the Required Attachments portion of the application. Assemble them in the order shown below in your application’s Required Agency Documentation section. Number the pages sequentially in this section, starting with Page 1. Hand-written page numbering is acceptable. Remember to place all originals in the application package marked “Original” and photocopies in other required application sets. These documents do not count towards any of the page limitations stated within the application.

1. Proof of Non-profit Status

If the Applicant is a non-profit organization, the Applicant must prove they are legally eligible to claim “non-profit” and/or tax-exempt status by submitting a copy of your 501(c)(3) Form, or an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status (see Appendix VIII and Appendix IX for samples). Submit an explanation if the Applicant cannot supply this documentation.

2. Board of Directors List

For non-profit organization Applicants only, submit a list of the Applicant’s Board of Directors.

3. Local Government Resolution

For Applicants that are local government agencies, submit the governing board’s resolution, or include a letter documenting when the resolution was submitted and when the Applicant expects to receive approval. Local government agencies must report to a governing board (e.g. City Council or Board of Supervisors) and get a resolution providing authority to apply for and accept contract funds. After passage, submit the resolution to CDS before the contract agreement is finalized.

4. Organizational Chart

The organizational chart must show the distinct lines of authority between and among the persons that will perform the project work and the primary reporting relationships within the Applicant’s organization. Show the relationships between

management, key decision makers, supervisory personnel, staff, and subcontractors and/or independent consultants, if any.

5. Duty Statements/Resumes

Submit duty statements for all key project staff positions listed and described in Section III, "Administrative and Program Expectations," Part C, "Staffing," of this RFA. The duty statements must include the minimum qualifications of knowledge, experience, and education for each position. Attach resumes for all staff already in place and identified for a budgeted position.